ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | K.J | | 5/4/00 |
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## INDEX OF CLAIMS

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| ✔ ................................ Rejected | N ................................ Non-elected |
| = ................................ Allowed | I ................................ Interference |
| – (Through numeral)... Canceled | A ................................ Appeal |
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| 4 | 5 | ✔ | | | | | | | | | | |
| 5 | 6 | ✔ | | | | | | | | | | |
| 6 | 7 | ✔ | | | | | | | | | | |
| 7 | 8 | ✔ | | | | | | | | | | |
| 8 | 9 | ✔ | | | | | | | | | | |
| 9 | 10 | ✔ | | | | | | | | | | |
| 10 | 11 | ✔ | | ✔ | | | | | | | | |
| | 12 | ✔ | | | | | | | | | | |
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If more than 150 claims or 10 actions
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